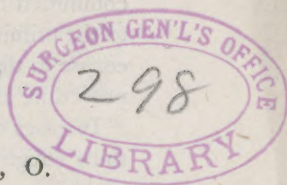


Tardieu (A.)

# FEIGNED INSANITY.

From the *Etude Médico-Légale sur la Folie*, by Ambrose Tardieu.

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If a doubt exists in intelligent minds regarding the exclusive competency of physicians on questions of insanity, that doubt can certainly be dispelled in cases where careful studies of feigned lunacy have been made. It is only by profound knowledge of the real that it is possible to recognize the feigned, and simulation holds a considerable place in the medico-legal history of madness; not that examples of this kind are frequent, but because the expert placed face to face with a person whom justice has commissioned him to examine as to mental responsibility, must, under all circumstances, investigate the possibility of simulation and form a positive conclusion as to whether the insanity to be verified is real. There is, moreover, regarding this subject, an important distinction to be made between the supposition of insanity, or pretended insanity, and the intentional feigning of insanity.

*Pretended Insanity.*—In the first case, this is only an excuse invoked by the attorney for the defense of his criminal client, instead of a resort to that legal eloquence which, to-day out of fashion, was for a long time the means used to secure acquittal by a court of justice. As nonsensical and indefensible as such a plea may seem, it is necessary to recognize that it is often employed with success. In such instances the perpetrator of the crime is considered in relation to his pretended insanity, and allows his attorneys to debate the question of his mental condition without aiding them save by a kind of tacit consent, assuming, generally, in the meantime, a passive attitude. But the argument advanced by the defense, has for its support, we might say for its accomplices, on the one hand, the honor of a family seeking

to cover up crime by the excuse of insanity and to pass as a lunatic a villain whose disgrace would reflect on themselves, and, on the other hand, a sort of natural tendency, on the part of mankind, to attribute to aberration of reason those offenses which by their grandeur and atrocity, or the apparent strangeness of circumstances under which they were committed, excite popular indignation and harrow the human soul. In a neighboring country the *regicide* is screened by the penal law and treated as insane. I can cite a case in which insanity appeared to offer the only explanation for five murders committed by a nobleman, four of the murdered parties being closely related to the criminal. In another case, a man having killed his wife kept the corpse in the mattress of his bed until it was mummified, and this strange procedure alone seemed enough to authorize the plea of lunacy.

In cases of this kind, justice claims the advice of a medical expert in order to be enlightened as to the value of the pretext. I have often been called in such cases, which are far more frequent than cases of true simulation. Here, the most simple examination is sufficient to determine the truth, for the accused does not take the least pains to imitate insanity or to play the *role* of the lunatic.

The theory of insanity is sometimes advanced by a pandering witness or by an interested relative; sometimes, by a vague notoriety which is established regarding the character and habits of him for whom it is necessary to obtain the legal excuse of lunacy; sometimes the history of an old time disease, or previous attack of more or less pronounced mental aberration, causing, at an anterior period, the confinement of the accused to an asylum. This last circumstance calls for an altogether particular attention on the part of a medical expert. In fact, it is only natural to establish a presumption as to the predisposition of such a person to new relapses; this, however, by itself is no actual and decisive proof of lunacy. It is necessary, under such circumstances, to be very careful in making retrospective inquiries as to former attacks, in order to appreciate exactly their character and signification, and to guard against all causes of error or fraud: also to carefully examine the prisoner as to the crime of which he is most lately accused, exclusive of antecedents. The fact that a man has once been confined in an insane asylum for a transitory mental attack, cannot be deemed a sufficient reason to account for all the acts he may thereafter commit, even although after a long period of time he might have been suspected of having mental disorder. I have seen numerous cases of this kind and need cite but a few.

A girl detected in petty thefts had, under the garb of religion, an inveterate habit of lying. She was said to be subject to fits, and indulged at such times in unconnected and silly talk that appeared to sound strangely to those around her, but no precise instance could be adduced and the incoherence of her utterance was very naturally explained by the untruths she sought to co-ordi-



nate. She showed, on examination, such a connection and clearness of ideas as to leave no doubt as to the integrity of her reason and a perfect consciousness of her acts.

A man of 55 years, accused of rape, was represented to be a sufferer from mental exaltation at times. He was melancholy and retiring, but this was only his method of hiding methods by the aid of which he satisfied his passions. He presented in reality no signs of mental alienation, and was considered to be entirely responsible for his guilty acts.

A swindler, who, at the moment of his arrest, illegally wore several decorations, attempted to pass for insane, but his excuse was not deemed consistent. "His mother," said one of the witnesses, "considered him slightly insane, but I was never able to notice it." Another witness said: "It is thought by some that he suffered from mental disease, but I never believed it. He made his victim drunk, but remained sober himself." In fact, the examination held at the prisoner's house, and the explanation he offered, made it plainly apparent that his insanity was only pretended.

*Simulated Insanity.*—Let us now look at simulation properly speaking, at those cases where an impostor, either to escape merited punishment for a crime, or to secure a free living and life of idleness in an insane asylum, plays the *role* and accepts treatment as a lunatic, without foreseeing that such a ruse requires unusual skill and ability in order to prevent discovery, and with no fear of the horrible suffering to which he condemns himself under such circumstances. Simulated insanity under these conditions is rare, but its study, to the medico-legal expert, is one of such great interest that it is important to investigate its character with the most minute care. It is necessary to examine the various forms of simulated lunacy, and the character of the simulation; especially is this true in the absence of physical symptoms of insanity.

*Forms of Feigned Insanity.*—All forms of insanity are not equally available in simulation. There are those which by the particular ease with which they can be adopted are most tempting to impostors. These are, in the first place, those forms which are accompanied by striking manifestations used for the purpose of impressing the public—the noisy manifestations of lunacy. It is certain that acute mania, with its incoherence, its wild talk, its disconnected thoughts, its violence of gesture and words, its irrepressible loquacity, the generality of its delirium permitting all kinds of license to be used, can be adopted by those playing a lunatic part. But I will soon show that attempts to play this *role* are not as easy as one would be inclined to think.

Dementia is less easy to simulate. There is no longer a chance for exaggeration. It is necessary to shade the colors more finely by concealing the intelligence still present, and assuming mental inertia while the mind remains active. The shadows are, in reality, too difficult to detect in this form of



mental weakness. I will say the same for idiocy and imbecility, and if you will recollect the characteristics of these original infirmities, which I have elsewhere indicated, you can understand, without the least trouble, why they offer no inducements to even the most impudent simulators. It has happened, however, that some impostors have not been deterred from feigning a physical and moral infirmity, a thing which requires an immense amount of perseverance, will power, and deceit. I wish to speak of deaf-mutes. Dr. E. Renaudin had in his asylum an individual who for three years passed for an imbecile and deaf mute, whose fraud was only discovered by accident, under the influence of the douche, which was being used for punishing violence. A more astonishing example still was that of the often quoted deaf-mute who forgot his part and recovered his speech on hearing his death penalty read.

Melancholy insanity and the stupid condition are the most frequent and difficult forms of simulated lunacy to discover. Isolation, stolidity, silence, are characteristics really not difficult to assume, and no matter how little control the simulator may have over himself, he wears a mask behind which it is not easy to penetrate. Seated upon the ground, in the corner of the asylum, with eyes drooping and hands clasped, the impostor may often for a long time baffle the investigations of an expert, and afford the least possible insight as to his real mental condition, although not completely disarming suspicion.

I will not speak of hysterical lunacy: it is deceit and feigning also; but both are here instructive to a certain degree, symptomatic of a rare affection, and cannot be included in the same category and studied from the same point of view as the voluntary simulation of the various forms of insanity by an individual otherwise healthy in mind.

*The Behavior of Simulation.*—We may say that feigned insanity is, to the eyes of the vulgar, more true than real lunacy; it is the theatrical insanity, that of disheveled hair, attitudes, gestures, strange costumes, songs, vociferations, animal cries, shrieks, dances, contortions, smiles and tears, fury, and other actions without number. This external appearance can only deceive superficial observers. So the most skillful simulators, who have received their education for the greatest part in the society of the insane, or from a sojourn in lunatic asylums, do not indulge in such gross exaggerations or burlesque comedy; nevertheless they rarely forego the temptation to overdo the manifestations of intellectual disorder. They consider it necessary to keep up without relaxation a complete incoherence, with a perpetual confusion of such things, as names, persons, numbers, dates, days, etc. They consider, like the great philosophers, that a lunatic must have no consciousness of self, nor of his personality. In the famous case of Derozier, of which Dr. Morse has made such a beautiful and striking study, to the



demand made as to his age, the impostor, who had hesitated, replied: "Two hundred and forty-five francs, thirty-five centimes:" as regarded his family, his brothers and children—"I have furnished them much money." On a second examination, Derozier was asked whether it was day, and replied: "It is night." On being questioned again as to his age, he replied: "I am king of Beaurais." When asked for his right hand, he invariably extended his left; when the left hand was asked for, he extended the right. Another impostor stated there were eleven hours in the week. A third simulator pretended not to recognize his most familiar friends; he spoke of his physician, whom he saw every day, as a female. All such swindlers act in different manners, but without leaving the circle of the absurd and impossible, never indulging in anything but the most shocking incoherence and the most ridiculous nonsense. That which is most significant, that which contributes an excellent and altogether medical sign of feigning, is the deficient connection between the most necessary and most constant symptoms of the type of lunacy adopted by the simulator. It is a fact that cannot be denied, even by those who may have made a special study of insanity, that there are certain signs that are never found together in the same subject; and that there is an incompatibility between the phenomena which belong to such forms of lunacy. Thus, one will not find in the idiot, or imbecile, any intermittence, nor even a momentary consciousness of his position. Stupidity cannot aid the answers made by a person suffering from dementia. The artificial expression of dullness exhibited by a person laboring under melancholia, does not permit the least ray of intelligence to light up the face, and there is not the faintest suspicion that a question asked has been well understood. There is one irreconcilability, if we may be permitted to use such a term, that is not suspected by the vast majority of simulators. They know that delirium is not always continued, they think the same of dementia and of imbecility, and fall into such discord as to awaken the attention of the expert physician, so that a single contradiction alone may dash the mask from the face of the swindler. The expert can then readily read the truth in the eyes that cannot succeed in hiding intelligence, and in the face which cannot remain immovable and impenetrable.

An habitual habit in those who feign insanity is to suddenly change the attitude, the face, the answers, when finding themselves closely observed, as for instance when brought into the presence of a physician, or in appearing before a magistrate and jury. Derozier, who played chess with his companions, whenever he saw a keeper pass, disarranged the play by pushing the pieces at random and irregularly. Another impostor, who had behaved with decorum previously, when brought into court performed an act of nature in the full presence of the judge and jury. Among some simulators the memory, which had not appeared to be affected before trial, became faulty;



or delirium and incoherence were manifested suddenly, and with the most flagrant exaggeration.

*Methods of Discovering Feigned Insanity.*—I will now retrace all of the principal features of feigned insanity, and show how the simulator conducts himself; for it is important that the medical expert should know the methods by which impostors may be recognized and exposed; not that there is any one particular method to follow in such investigation, but there are nevertheless some special rules to add to those which are, in a general manner, applicable to the medico-legal determination of simulation.

A first principle, never to be neglected, and which in no case is more appropriate than in suspected cases of feigned insanity, is, *refrain from expressing any opinion until the patient has been subjected to prolonged, repeated, and persevering observation.* Nothing in an examination is more necessary or indispensable. Such observations should be made at all times, if not directly, at least indirectly, by persons familiar with the habits of the insane. For this very useful and important reason, the person suspected should always be transferred to an insane asylum before a positive opinion is given. This is especially the true procedure in those cases where the supposed impostor is confined to jail, where methods of investigation are less surely and less easily applicable. The time during which the pretended lunatic is submitted to this kind of quarantine of observation, is not lost for the manifestation of the truth; in fact, it may be evidenced by the mere contact and presence of the insane, for the impostor changes and suddenly modifies his methods of simulation, thus showing how inconsistent and insincere his symptoms are. On the other hand, the impostor is often badly frightened at the thought of remaining among real lunatics, and abandons the very arduous and painful *role*, on account of the ordeal to which he is submitted.

At this point I boldly affirm that I cannot admit more for insanity than for other simulated affections, and that I denounce all those unnecessary experiments sometimes thought to be essential in cases of supposed simulation, even in those cases where feigning is most justly expected. I repudiate in a positive manner and to the best of my ability, and also ask my pupils and those who use my works as authority to do likewise, those practices which directly or indirectly tend to injure patients submitted for expert examination. For the expert physician has no right to inflict bodily suffering, or expose to danger, a suspected person no matter how great may be the interests of justice in discovering the truth of the case. Chloroform, the douche, burning with hot iron, stupefying or narcotic poisons, such as belladonna, haschisch or opium, which may so powerfully modify sensibility and the play of the intellectual function—results awaited in order to make a simulating lunatic speak, a supposed idiot reason, or a pretended maniac confess—all methods which cannot be used without incon-

venience to health or risk to life, should be sternly banished from the practice of the medico-legal expert. The true expert should be contented to appeal to his experience, and should apply all his sagacity to the service of patient observation; a procedure that will most often lead to a positive conclusion; that is to say, to a certainty in appreciating those processes of simulation which I have previously indicated.

The expert must not lay aside the rules applicable to the diagnosis of insanity, and limit himself to investigating those precise signs which permit the classification of the individual in such and such a group, connecting each species of insanity with such and such a clearly defined type. He need have no dread, when in the presence of a simulator, of danger from a too close categorisation; for one has no business in these cases either with too delicate shades or too indefinitely marked characteristics. It is the contrary rather that takes place, and the problem always returns, in the case of simulation as in the case of real insanity, to these terms, if not very simple at least well defined, to-wit: *determine whether the mental condition is healthy or diseased.*

For this purpose the expert must proceed, with more care than ever, to investigate the moral and physical cause, original and hereditary or acquired, which might explain the development of the insanity, the form it has assumed, and the course it has followed, and also submit to severe analysis the different symptoms of intellectual trouble, their nature, relations and connections.

It is no less important to direct our examination towards the physical symptoms we are accustomed to meet among the insane, and which the simulator is altogether unable to reproduce. In the first place, the insomnia which is rarely missing in acute forms of insanity, cannot be supported by an impostor already fatigued with the efforts required to keep up the part of a simulator. So we see the feigner only too happy to drop his *role* and seek comfort and refuge in sleep—a sleep most commonly profound—so that the first moment of waking, when his ideas though still confused are not controlled by a false delirium, will afford a proper time to observe and surprise the simulation. The appetite among simulators does not offer the irregularity and caprices that are usually met among the truly insane. All that which can bring diversion to the principal work of simulation, is seized with avidity by an impostor, and meantime affords a natural occasion for relaxation which no simulator will allow to slip. The organic functions, digestion, respiration, and circulation, remain perfectly intact in the case of an impostor. Some simulators have been known to essay the reproduction of certain troubles of sensibility, or motility, observed so often in true insanity; as, for instance, anesthesia, paralysis of the tongue or limbs, or palsy. But there are complications which, far from assuring success, have more often



the effect of compromising and rendering simulation more difficult; in fact, furnishing the expert a new key to discovery. Finally, the external appearance, the general aspect, are very rarely reproduced with exactitude by those who feign insanity; as, for instance, the physiognomy, the attitude, and the expression of a real lunatic. I boldly affirm that to a skilled expert these signs are those that can be least perfectly imitated, and consequently are least calculated to deceive. It is certainly easy for an impostor to walk with a quick step, stop suddenly, with nose high in air and eyes fixed on the sky, and mutter to himself; as it is likewise easy to act a part in rags or an extravagant costume, but these are only vulgar means which almost always fail, owing to an exaggeration of action, and especially because such action is poorly adapted to the actor; that is to say, to the type of insanity chosen by the simulator.

Dr. Laurent, in a very excellent study has insisted with much wisdom on the particular characteristics offered by an impostor's facial expression. "It is," says Dr. L. "furtive, unsteady, sly. Its form evidences a condition of force, a striking and sufficient discord. The criminal impostor cannot give his features the frightened and excited expressions of the maniac. We recognize only brazen impudence, and not mental aberration. The simulator can not reproduce the true indifferent expression, or weak minded visage, of dementia or paralysis, the vacant stare of the idiot, or the proud and haughty aspect of the mono-maniac. He cannot conceal the attention he bestows on all the words and movements of those who he knows are intrusted to watch his gestures and words; most often he lowers his eyes, as if fearing his expression might betray him."

But there are some particular precepts, exceedingly necessary for the medical expert to remember, as regards simulated insanity. Ruse and dissimulation are characteristic and almost constant traits of the true lunatic, and it is best always to be on one's guard not to confound the simulation of the true lunatic with that of the impostor. But precisely as the first take care to defend themselves from any imputation of insanity, those of the second part strive to exhibit their pretended lunacy. The true lunatic endeavors to excuse all the perturbations noticed in his intellectual functions, and does not wish to be considered insane; while the impostor endeavors to impress all with the fact of his mental aberration, and never plays the role of lunatic better than when in the presence of those who are to judge of his conduct; as, for instance, before a magistrate or physician from whom the real lunatic endeavors to carefully conceal his delirious conceptions.

It is still necessary, in order to appreciate real insanity from simulation, to take into consideration the most serious of three circumstances which are noticeable principally among individuals charged with grave criminal offenses; that is to say, in delicate and intricate cases.



The first consists in the fact that insanity may be developed in a short time after imprisonment, or even at the very moment of the crime which has brought about incarceration, although the criminal act itself may have been perpetrated in a healthy condition of mind. I do not allude here to the methods of confinement in cells, for I have already stated, many years since, and I still persist in thinking, that such a system of imprisonment does not usually produce the effect attributed to it after the mere superficial observations of the mental conditions of prisoners. It is not often that we see insanity developed at the commencement of incarceration, but it is certain that mental aberration sometimes attacks a prisoner at the first moments of crime, favored by a predisposition the least questionable, and produced by the moral shock which the crime caused, together with the fear of punishment. This is a point I wish to strongly impress on those experts who seek to determine the truth regarding real or feigned insanity.

The second circumstance, which no less merits attention, is purely pathological. I speak of the changes which may occur in certain forms of insanity and the natural and spontaneous modifications that go on in the intellectual and moral disposition of those attacked. The expert will run the risk of committing the most serious errors if he mistakes the nature of these changes, and attributes them to the studious and voluntary attempts of a simulator. It is sufficient for me, including all those experts having experience with lunacy, to cite that double form of insanity which may produce, by the simple evolution of its fatal circle, phenomena in appearance altogether unattended by mental alienation; those attacks of periodical mania, where the acute delirium sometimes exhibits itself under such conditions as might lead to the belief that the patient is feigning. In all such cases, the attentive study of antecedents, and of the elements proper to each form of insanity and their particular progress, will permit us to avoid all confusion.

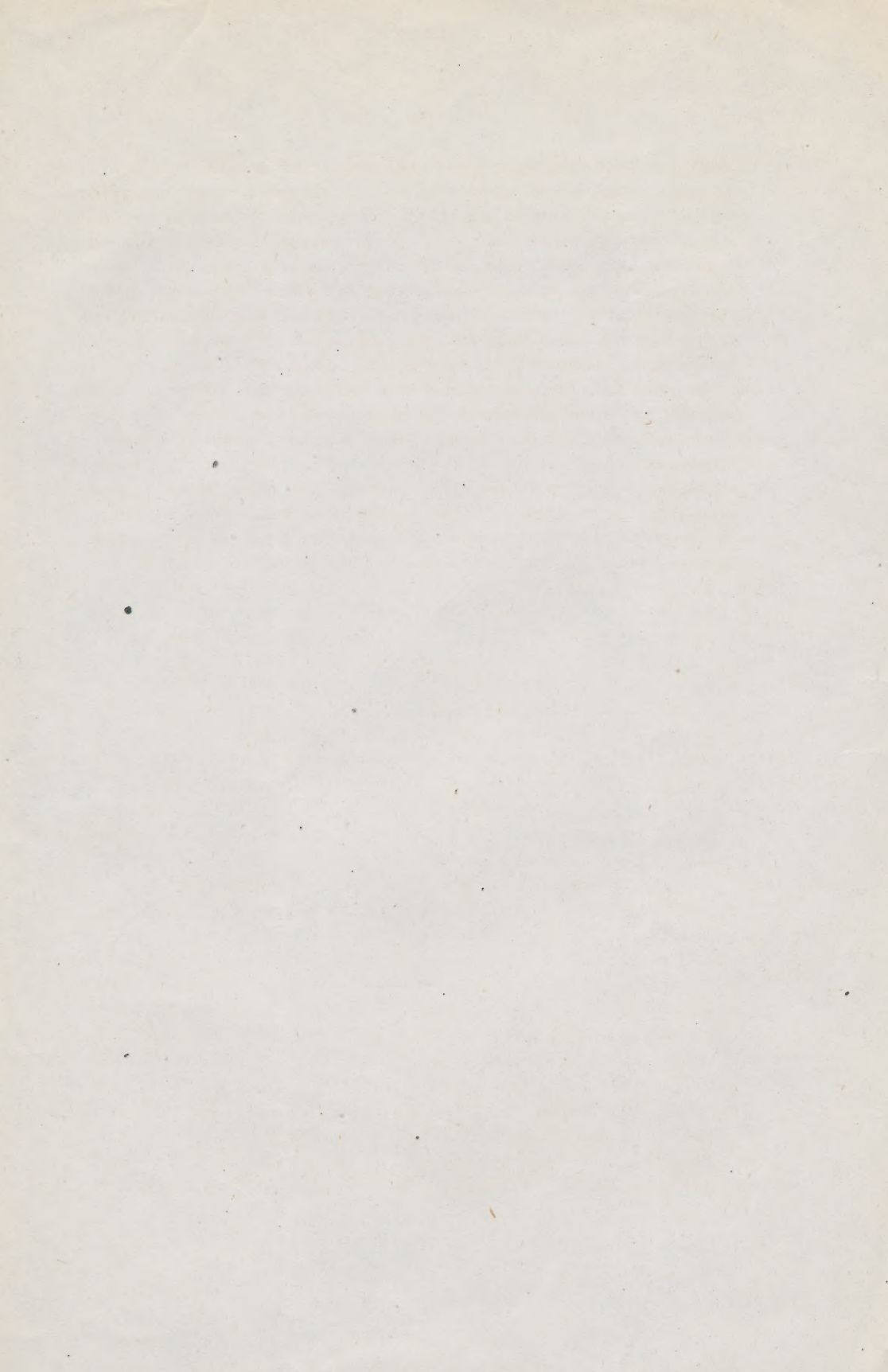
Is it necessary for us to admit that true lunatics may sometimes feign a form of insanity other than that by which they are really affected? Bailarger, Vingtrenier, and Griesinger state that they have observed such cases.

Finally, there is a last point of great delicacy, upon which it is necessary to insist before concluding. This is that simulation itself, however briefly it may be kept up, flinches, by exercising, an incontestible influence upon the moral and physical condition of those who attempt playing such parts. This is found to be the case even when the simulation of purely physical maladies is essayed; for we see phenomena developed beyond the control of the will, changes in the organism itself; for example, when those who feign paralysis of a limb give the member absolute rest, atrophy of the muscles is induced. It is the same as regards the intellectual faculties, for the imitated mental incoherence, the faulty exercise of the mind, may in the course of time obliterate and falsify the judgment, bring on real mental feebleness, and

totally pervert the intelligence and sentiments. It is in moral as in physical attitudes, certain manifestations provoked and simulated at the commencement, become to a certain degree natural, and are instinctively produced without the participation of the will. Those who feign blindness, by keeping their eyes closed for a number of years, are found to be incapable of tolerating the light or seeing; in the same manner as those who feign mutism, and the immobility of the idiot for years, end by becoming really and completely stupid. There is not one among all those who, after having simulated insanity have been discovered, or have given up the attempt of their own accord, have not admitted that they felt themselves becoming insane and that they would not undergo the torture again to save their necks from the hangman. "You cannot appreciate what I have suffered!" cried the unmasked impostor Derozier to the expert Dr. Morse. "I thought I should really go insane, and I still have more dread of becoming a lunatic than of going to the galley." This feeling, really sincere among a majority of simulators, may be usefully put to profit by the medico-legal expert, and become a valuable aid in the discovery of feigned insanity.









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